

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number <i>10/707980</i>	Filing Date
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)						Applicant(s)	
						* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend		Indep	Depend
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* May be used for additional claims or amendments

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* May be used for additional claims or amendments

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